



Linda McCulloch, Superintendent
Office of Public Instruction
Accreditation Division
PO Box 202501

SPECIAL EDUCATION COOP CHECKLIST 2008-2009 School Year

DUE DATE:

To Office of Public Instruction, Special
Education Division: Tuesday 10/28/2008

County _____

Cooperative Le_____

Authorized Signature

I verify to the best of my ability that the information reported for the special education coop's Annual Data Collection is complete and accurate.

Special Education Cooperative Director

Printed Name

Date

Please check to confirm that all reports are completed and filed with the Office of Public Instruction, either electronically, or by paper.

_____ Personnel Assignments

_____ Personnel Recruitment and Retention Report